

**BROWNFIELD REDEVELOPMENT PROGRAM
APPLICATION FOR INITIALLY CLAIMING REMEDIATION TAX
CREDITS OR BROWNFIELD TAX BENEFITS**

READ PAGES 2-4 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

ALL NECESSARY FORMS (SEE INSTRUCTIONS) MUST ACCOMPANY THIS APPLICATION WHICH MUST BE FILED IN TAX PERIOD IN WHICH CREDITS ARE BEING CLAIMED OR AFTER THE ELIGIBLE PROJECT WAS ESTABLISHED.

FOR CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____, _____, _____, ENDING _____, _____, _____

FOR EITHER REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS:

PLEASE TYPE OR PRINT	NAME OF ELIGIBLE PROJECT				FEDERAL I.D. NO.
					AND
	ADDRESS OF ELIGIBLE PROJECT (STREET AND P.O. BOX)				TAXPAYER FEDERAL I.D. NO.
					AND
	CITY	COUNTY	STATE	ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

FOR BROWNFIELD TAX BENEFITS ONLY:

PLEASE TYPE OR PRINT	NAME OF BUSINESS				FEDERAL I.D. NO.
					AND
	ADDRESS OF BUSINESS (STREET AND P.O. BOX)				TAXPAYER FEDERAL I.D. NO.
					AND
	CITY	COUNTY	STATE	ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

1. Attach Missouri Schedule 447-E (see instructions), and if necessary, a copy of the "No Further Action" letter or covenant not to sue.

2. Name and mailing address if different than above.

Name _____
Address (Street, P.O. Box, City, State, Zip Code) _____

3. Name, address and telephone of person completing application.

Name _____ Telephone Number _____
Address (Street, P.O. Box, City, State, Zip Code) _____

4. Business entity for tax purposes (see instructions):

4a. ☐ Corporation 4b. ☐ Limited Liability Company 4c. ☐ Individual Proprietorship 4d. ☐ Partnership 4e. ☐ S-Corp.

NOTE: If the taxpayer is a Partnership or S-Corporation, identify the names, social security number and proportioned share of ownership of each partner or shareholder as of the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.

NAME(S)	SOCIAL SECURITY NO.(S)	% OWNERSHIP YEAR END
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5. Describe the business activities conducted at this eligible project. Be specific. _____

6. Were any operations of a business similar to this business, previously operated by you or a related taxpayer, closed elsewhere in Missouri as a result of this eligible project?
____ Yes ____ No

If yes, enter the date the former business was closed (Day/Month/Year): ____/____/____ and ATTACH A WRITTEN STATEMENT EXPLAINING THE REASON FOR DISCONTINUING OPERATIONS AT THE CLOSED BUSINESS. Include a description of the activities performed at the old business prior to closure and describe the need for relocation.

7. Enter the date the eligible project or business that is located at the eligible project was first used (Day/Month/Year): ____/____/____

8. Does the taxpayer requesting these benefits have interest(s) in any other BUSINESS(ES) in MISSOURI that FILED A SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THE ELIGIBLE PROJECT FOR THIS TAX PERIOD? ____ Yes ____ No
ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES.

8a. List names and federal identification number (FEIN) of other businesses FILING SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT:

4 _____

9. Does the taxpayer of this eligible project or business located at this eligible project operate any other BUSINESS(ES) in MISSOURI besides this eligible project or business? ____ Yes ____ No
ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES FOR THIS PERIOD.

10. At the time the eligible project or business located at this eligible project was first used (see No. 7 above), did the taxpayer operate any other businesses in Missouri?
____ Yes ____ No

10a. If yes, describe the business activities at the other business(es). Be specific. _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE

DATE

PREPARER'S SIGNATURE

DATE

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118, JEFFERSON CITY, MO 65102.

Revised: 2/99